College of the Mainland®

Name:_____ SSN or COM ID: _____
(Legal name to be printed on diploma)

Mailing address for diploma: _____
(Street or P.O. Box)

_____
(City) (State) (Zip)

To avoid having your diploma returned, please provide a mailing address where you will be located following graduation. Diplomas will be mailed 6-8 weeks after completion.

Telephone_____ _____
(Daytime #) (Alternate #)

In what semester will you complete? Spring Fall Summer I Summer II

Do you plan to attend the commencement ceremony in May? Yes No

Are you a member of Phi Theta Kappa? Yes No

Are you completing your degree through Reverse Articulation? Yes No

Do you have any changes or substitutions on your degree plan? Yes No

If yes, please explain _____

If you have any transfer credits, please list the institution(s) _____

_____

All transcripts from the institutions listed above must be on file in the Admissions office before a degree audit can be completed.

Degree or certificate (Circle One) Associate in Arts Associate in Science

Major:_____ Associate in Applied Science Certificate

Catalog year:_____- _____ Marketable Skills Award

I understand that all financial obligations and holds must be cleared before I may be awarded my degree/certificate. I also understand that I will not be cleared for graduation until the degree audit has been evaluated and my completion of requirements verified. I certify that the information given on this application is complete and correct.

_____ _____
Student Signature **Date**

_____ _____
Advisor Signature **Date**

Applications are to be submitted during the semester of completion with a degree plan attached.

OFFICE USE ONLY

TSI sections satisfied: ☐ Reading ☐ Math ☐ Writing Residency requirements met:____

Degree requirements met: ☐ Yes ☐ No Completion date: _____ Date mailed:_____

Final GPA: _____ Honors: _____ Comments:_____
_____

Holds: _____ _____